

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000108346

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: LIBERTY VP WORCESTER-MILLBURY, LLC

**Current Principal Place of Business:**

2200 LUCIEN WAY, STE. 410  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

2200 LUCIEN WAY, STE. 410  
MAITLAND, FL 32751

**New Mailing Address:**

FEI Number: 26-1300118

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MIKKELSON, WM. MICHAEL  
2200 LUCIEN WAY, STE. 410  
MAITLAND, FL 32751 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: MIKKELSON, MICHAEL  
Address: 2200 LUCIEN WAY, SUITE 410  
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete  
Name: MIKKELSON, ADAM  
Address: 2200 LUCIEN WAY, SUITE 410  
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete  
Name: JOHNSTON, WILLIAM  
Address: 2200 LUCIEN WAY, SUITE 410  
City-St-Zip: MAITLAND, FL 32751

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WM MICHAEL MIKKELSON

P

04/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date